

Fill in this information to identify the case:

Debtor name CAPSTONE PEDIATRICS, PLLC
United States Bankruptcy Court for the: Middle District of Tennessee
(State)
Case number (if known): 3:19-bk-01971

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2019 to Filing date
MM / DD / YYYY

☐ Operating a business
☒ Other Gross Receipts

\$ 1,620,986

For prior year:

From 01/01/2018 to 12/31/2018
MM / DD / YYYY

☐ Operating a business
☒ Other Gross Receipts

\$ 14,647,930

For the year before that:

From 01/01/2017 to 12/31/2017
MM / DD / YYYY

☐ Operating a business
☒ Other Gross Receipts

\$ 22,817,640

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____ to Filing date
MM / DD / YYYY

_____ \$ _____

For prior year:

From _____ to _____
MM / DD / YYYY

_____ \$ _____

For the year before that:

From _____ to _____
MM / DD / YYYY

_____ \$ _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See Attached Listing Exhibit SOFA 3 Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name Street City State ZIP Code Relationship to debtor		\$	
4.2. Insider's name Street City State ZIP Code Relationship to debtor		\$	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name Street City State ZIP Code			\$
5.2. Creditor's name Street City State ZIP Code			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Street City State ZIP Code			\$
Last 4 digits of account number: XXXX- _ _ _ _			

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Capstone Pediatrics v. Equinox Case number	Dispute over telecommunications services	Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2. EDH Gateway v. Capstone Pediatrics Case number	Delinquent Rent	Court or agency's name and address Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

**Part
3a:**

Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title

7.1. (See Above)

Case number

Name

Street

City

State

ZIP Code

☐ Pending

☐ On appeal

☐ Concluded

Case title

7.2. (See Above)

Case number

Court or agency's name and address

Name

Street

City

State

ZIP Code

☐ Pending

☐ On appeal

☐ Concluded

Case title

7.3. Hamilton – Young v. Capstone

Delinquent Rent

Case number

Name

Street

City

State

ZIP Code

☐ Pending

☐ On appeal

☒ Concluded

Case title

7.4. CAM Realty v. Capstone Pediatrics

Delinquent Rent

Case number

Name

Street

City

State

ZIP Code

☐ Pending

☐ On appeal

☒ Concluded

Case title

7.5. VIII-FS v. Capstone Pediatrics

Delinquent Rent

Case number

Name

Street

City

State

ZIP Code

☒ Pending

☐ On appeal

☐ Concluded

Case title

7.6. Linda Morrow v. Capstone

Dispute over PTO pmt

Case number

Name

Street

City

State

ZIP Code

☐ Pending

☐ On appeal

☒ Concluded

Case title

7.7. Nancy Lara v. Capstone

Discrimination claim

☒ Pending

Debtor

Name

Case number (if known)

Case number

Case title

7.8. United HealthcareDelinquent benefit pmt

Case number

Case title

7.9. Novagen v. CapstoneDispute over payment

Case number

Case title

7.10. Ortho Clinical v. CapstoneDispute over contract

Case number

Case title

7.11. ARHC GMCLKTN01 v. CapstoneDelinquent Rent

Case number

Case title

7.12. SL Management v. CapstoneDelinquent Rent

Case number

Case title

7.13. Newtek v. CapstoneDispute over payment

Case number

Case title

7.14. CDS Business Services v. CapstoneDispute over payment

Name

☐ On appeal

Street

☐ Concluded

City

State

ZIP Code

Name

☒ Pending☐ On appeal

Street

☐ Concluded

City

State

ZIP Code

Name

☒ Pending☐ On appeal

Street

☐ Concluded

City

State

ZIP Code

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State

ZIP Code

Name

☒ Pending☐ On appeal

Street

☐ Concluded

City

State

ZIP Code

Name

☒ Pending☐ On appeal

Street

☐ Concluded

City

State

ZIP Code

☒ Pending

Debtor

CAPSTONE PEDIATRICS, PLLC

Name

Case number (if known) 3:19-bk-01971

Case number

Name

☐ On appeal

Street

☐ Concluded

City

State

ZIP Code

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
<div>Custodian's name</div> <div>Street</div> <div>City State ZIP Code</div>	<div>Case title</div> <div>Case number</div> <div>Date of order or assignment</div>	<div>\$</div> <div>Court name and address</div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div>

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
<div>9.1. Recipient's name</div> <div>Street</div> <div>City State ZIP Code</div> <div>Recipient's relationship to debtor</div>			\$
<div>9.2. Recipient's name</div> <div>Street</div> <div>City State ZIP Code</div> <div>Recipient's relationship to debtor</div>			\$

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		\$

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Burr & Forman LLP		03/22/2019	\$ 25,000
	Address Street 222 Second Ave S, suite 2000 Nashville TN 37201 City State ZIP Code			
	Email or website address www.burr.com			
	Who made the payment, if not debtor? CDS Business Services, Inc. via loan to Capstone			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	Chiron Financial		03/21/2019	\$ 11,250
	Address Street 1301 McKinney Street, Suite 2800 Houston TX 77010 City State ZIP Code			
	Email or website address www.chironfinance.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
Trustee			

Debtor

Name

Case number (if known)

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None**Who received transfer?****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value**

13.1. _____ \$ _____

Address

Street

City State ZIP Code

Relationship to debtor**Who received transfer?**

Pre-petition retainer

\$ _____

13.2. _____

Address

Street

City State ZIP Code

Relationship to debtor**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy**14.1. See Attached Listing Exhibit SOFA 14 From _____ To _____
Street

City State ZIP Code

14.2. From _____ To _____
Street

City State ZIP Code

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <u>Clarksville</u> Facility name <u>647 Dunlop Lane Suite 102</u> Street <u>Clarksville</u> <u>TN</u> <u>37040</u> City State ZIP Code	<u>Pediatric primary care with services such as asthma treatment and general well visits</u> Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <u>EHR systems with PracticeSuite</u>	<u>N/A</u> How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2. <u>Southern Hills</u> Facility name <u>4247 Harding Place</u> Street <u>Nashville</u> <u>TN</u> <u>37217</u> City State ZIP Code	<u>Pediatric primary care with services such as asthma treatment and general well visits</u> Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <u>EHR systems with PracticeSuite</u>	 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

** See SOFA 3 Exhibit for additional Facility 15.3 information **

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained. Patient Medical Records
 Does the debtor have a privacy policy about that information?
☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☒ Yes. Fill in below:

Name of plan	Employer identification number of the plan
<u>Capstone Pediatrics, PLLC 401(k) Plan</u>	EIN: <u>4</u> <u>6</u> <u>3</u> <u>4</u> <u>3</u> <u>1</u> <u>5</u> <u>5</u> <u>2</u>

Has the plan been terminated?
☒ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name Bank of America Street 222 2nd Ave S, suite 2440 Nashville TN 37201 City State ZIP Code	XXXX-4 2 9 6	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	12/27/2018	\$ 0.00
18.2.	Name Bank of America Street 222 2nd Ave S, suite 2440 Nashville TN 37201 City State ZIP Code	XXXX-4 3 0 6	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	12/27/2018	\$ 0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code	 Address 	 	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Cubesmart Street 1058 Murfreesboro Rd Nashville TN 37217 City State ZIP Code	Jay Garcia Address 	Furniture, computer equipment, medical exam tables 	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor

Name

Case number (if known)

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?
☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____		
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	Name _____ Street _____ _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From ____ To ____
25.2.	Name _____ Street _____ _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From ____ To ____
25.3.	Name _____ Street _____ _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From ____ To ____

Debtor

Name

Case number (if known)

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Dates of service**

From 02/2014 To 02/2019

26a.1.

Name
Thomas OkokhereStreet
1420 Donelson Pike Suite B17

Nashville TN 37217

City State ZIP Code

Name and address**Dates of service**

From 11/2013 To Current

26a.2.

Name
Lynda SandersStreet
1420 Donelson Pike Suite B17

Nashville TN 37217

City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None**Name and address****Dates of service**

From 01/2014 To 10/2018

26b.1.

Name
Hoskins & CompanyStreet
1900 Church St Suite 200

Nashville TN 37203

City State ZIP Code

Name and address**Dates of service**

From To

26b.2.

Name

Street

City State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1.

Name
Lynda SandersStreet
1420 Donelson Pike Suite B17

Nashville TN 37217

City State ZIP Code

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name _____
Street _____
City _____ State _____ ZIP Code _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

Name
CDS Business Services, Inc.
Street
1981 Marcus Ave., Suite 130
Lake Success NY 11042
City State ZIP Code

Name and address

26d.2.

Name
Newtek Small Business Finance
Street
P.O. Box 297
Laurel NY 11948
City State ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☐ No
☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

Office Lead - Each Location

12/31/2018

\$ 23,778.62 - Cost Basis - Medical Supplies

Name and address of the person who has possession of inventory records

27.1.

Name
Thomas Okokhere
Street
1420 Donelson Pike Suite B17
Nashville TN 37217
City State ZIP Code

Debtor

Name

Case number (if known)

Name of the person who supervised the taking of the inventory

Clinical Lead - Each Location

Date of inventory

12/31/2018

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ 3,159.83 - Cost Basis - Vaccine Supplies

\$

Name and address of the person who has possession of inventory records

27.2.

Name

Thomas Okokhere

Street

1420 Donelson Pike Suite B17

Nashville

TN

37217

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Gary G. Griffith	9045 Keats Street, Franklin TN, 37064	CEO	50%
Winnie R. Toler	1221 Kilrush Dr, Franklin TN, 37069	COO	50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☒ No☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From ____ To ____
			From ____ To ____
			From ____ To ____
			From ____ To ____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
See Attached Listing Exhibit SOFA 30			
Name			
Street			
City	State	ZIP Code	
Relationship to debtor			

Debtor

Name

Case number (if known)

Name and address of recipient

30.2

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _ _ - _ _ _ _ _

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _ _ - _ _ _ _ _

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/22/2019
MM / DD / YYYY

X /s/ Winnie Toler

Printed name Winnie Toler

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Chief Operating Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No☒ Yes